## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

 ${\bf Application} \ {\bf or} \underline{\bf D} {\bf ocket} \ {\bf Number}$ 

20717

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			67		10010		ſ	RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NILIME	ER EXTRA	ŀ	BASIC FEE			BASIC FEE	770.00	
					NOWBER EXTRA		ŀ	570101 EE	555.00	OR		. (	
TOTAL CHARGEABLE CLAIMS			6 / mir	nus 20=	* (	1'		X\$ 9=	<del></del>	OR	X\$18=	846	
INDEPENDENT CLAIMS			·	nus 3 =				X43=		OR	X86=	36	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT	ESENT				+145=		OR	+290=	/	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL		OR	TOTAL	1702	
	С					OTHER	THAN						
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	^	DDIT. FEE			ADDIT. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X43=			X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		H	7.10-		OR			
						•	L	+145=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=			
								TOTAL	,	OR	TOTAL		
***	If the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS id For" IN THIS	S SPACE IS S SPACE IS	less that	n 3 enter 20.	Αl	ODIT. FEE		911	ADDIT. FEE		